

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **15754**BIRTH NO. **29466-56** REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **285**

1. PLACE OF DEATH a. COUNTY <b>CAPE GIRARDEAU</b>			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>SCOTT</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CAPE GIRARDEAU</b>		c. LENGTH OF STAY (In this place) <b>1 DAY</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MORLEY</b>		d. STREET ADDRESS (If rural, give location) <b>MORLEY</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. FRANCIS HOSPITAL</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>DENNY</b> b. (Middle) <b>RAY</b> c. (Last) <b>MANLEY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 14 1956</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>MAY 14 1956</b>		9. AGE (In years last birthday) Months Days <b>— — —</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>BILL L. MANEY</b>		13b. MOTHER'S MAIDEN NAME <b>NORMA JEAN DANIELS</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>BILL L. MANLEY</b> ADDRESS <b>MORLEY, MO.</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congenital Heart "5m"</b> INTERVAL BETWEEN ONSET AND DEATH <b>5m</b>				
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				
19a. DATE OF OPERATION <b>—</b>	19b. MAJOR FINDINGS OF OPERATION <b>—</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>—</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>—</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>— — —</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <b>— — —</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>—</b>			
22. I hereby certify that I attended the deceased from <b>5-14, 1956</b> , to <b>5-14, 1956</b> , that I last saw the deceased alive on <b>5-14, 1956</b> , and that death occurred at <b>9:45A</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>W. H. Kley</b>		(Degree or title) <b>MD</b>		23b. ADDRESS <b>Cape Girardeau MO</b>	23c. DATE SIGNED <b>5/15/56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>MAY 15 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>NEW MORLEY</b>	24d. LOCATION (City, town, or county) (State) <b>NEW MORLEY MO.</b>		
DATE REC'D BY LOCAL REG. <b>5-21-56</b>	REGISTRAR'S SIGNATURE <b>C. C. Summers</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. Kley</b>		ADDRESS <b>ORAN MO.</b>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Carl J. Smith*

Signed.....  
Student Embalmer

Licensed Embalmer No. 2676

P. O. Address Over 7110.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

.If this body is not embalmed, fact should be so stated above.